

PATIENT INFORMATION AND SEXUAL ASSAULT HISTORY FORM

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This kit is designed to assist medical personnel in the collection of evidentiary specimens for analysis by the Minnesota Bureau of Criminal Apprehension Laboratory.

Hospital: Collected by:	
Please return this form to the kit after the ex	kam is completed.
STEP 1: Alcohol and Toxicology:	
Is blood alcohol or toxicology testing needed?	\square Yes \square No
Note: Do not put tubes intended for alcohol or toxicology testing in Blood Alcohol Kit or Urine Kit for this purpose. Toxicology sample	
STEP 2: General Information	
Patient's Name:	
Age:	
Date of alleged assault:// Time:	AM/PM
Date of hospital exam:// Time:	AM/PM
Patient's description of assault:	
Did assailant have oral contact with the patient's genital area?	\square Yes \square No \square Not Sure
Did the assailant wear a condom?	\square Yes \square No \square Not Sure
Did the patient receive any injuries resulting in bleeding?	\square Yes \square No \square Not Sure
Did the assailant bleed?	\square Yes \square No \square Not Sure
Did the patient have consensual sex in the 120 hours prior to the ex	cam? ☐ Yes ☐ No ☐ Not Sure
If yes, how many hours previous?	
Was the consensual partner a different person than the assa	nilant? \square Yes \square No \square Not Sure

STEP 3: Clothing and Underwear: Are these the clothes the patient was wearing during and/or immediately after the assault?					
☐ Yes ☐ No ☐ Not Sure					
Place undergarments of patient and other clothing that could contain evidence from the assault in separate clean paper bags, seal and initial. (If necessary, be sure to dry clothing before packaging).					
STEP 4: Foreign Matter Collection: Based upon the patients description of assault and/or your observations, is there any material on the patient's body (such as hairs) or items that may be relevant to the assault (such as condom, tampon, etc)?					
□ Yes □ No					
If yes, what type of item and from where?					
Allow any damp items to <u>air dry</u> before packaging. For smaller items; place material in center of paper provided, fold paper to retain material collected, and return paper to envelope. Seal envelope and fill out all information requested on envelope.					
STEP 5: Pubic Hair Combings:					
Between the time of the assault and hospital exam, has the patient:					
\square Showered or Bathed \square Not Showered or Bathed					
- Showered of Bathed - Not Showered of Bathed					
NOTE: It is not necessary to collect pubic hair combings if the patient has showered or bathed.					
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Using <u>four</u> swabs, <u>simultaneously</u> swab the perineal region. The swabs may be moistened with a minimal amount of sterile water. Allow swabs to <u>air dry</u>. Return swabs to envelope. Seal the envelope and fill out all information requested on the envelope.

If checking yes or not sure, follow collection procedure below.

Using <u>four</u> swabs, <u>simultaneously</u> swab the buccal and gum line. Allow swabs to <u>air dry</u>. Return swabs to envelope. Seal the envelope and fill out all information requested on the envelope.



STEP 10: Rectal Swabs:				
Did rectal assault occur?	\square Yes	□ No	\square Not Sure	
If checking yes or not sure, follow collection procedure below.				
Using <u>four</u> swabs moistened with sterile water, <u>simultaneously</u> swab inside the rectum. Allow swabs to <u>air dry</u> . Return swabs to envelope. Seal the envelope and fill out all information requested on the envelope.				
STEP 11: Penile Swabs:				
Using <u>two</u> swabs moistened with sterile water, <u>simultaneously</u> swab the entire penis. Allow swabs to <u>air dry</u> . Return swabs to envelope. Seal the envelope and fill out all information requested on the envelope.				
STEP 12: Miscellaneous Swabs: (Including, but not limited to, possible transfer of blood, saliva or semen on skin, finger swabs of suspect if digital penetration has occurred, fingernail swabs, etc.)				
Did assailant have oral contact with any area on patient's body (breast, neck, etc)?				
	\square Yes	□ No	\square Not Sure	
If yes, what area			<u> </u>	
Was there any transfer of semen from assailant to victim in an area not previously collected?				
	\square Yes	\square No	\square Not Sure	
If yes, what area			_	
Note: swabs from different areas must be placed in separate envelopes.				
Using <u>two</u> swabs moistened with sterile water, <u>simultaneously</u> swab the above identified areas. Allow swabs to <u>air dry</u> . Return swabs to envelope. Seal the envelope and fill out all information requested on the envelope. Please be sure to indicate suspected fluid type on envelope.				

STEP 13: Blood Stain Preparation: (Used in DNA testing as a known blood sample from patient. **NOT** for use on any injuries the patient may have received.)

Mark bloodstain collection card containing the absorbent paper with the patient's name. Draw blood (using the finger prick provided) and deposit at least 4 individual drops of blood onto the absorbent paper. If drawing blood for other testing, deposit blood from the blood tube or IV tube onto the absorbent paper. **Please do not return a blood tube with the kit.** Allow bloodstain to air dry THOROUGHLY. Return absorbent paper and card to envelope. Seal the envelope and fill out all information requested on the envelope.

FINAL INSTRUCTIONS

- 1) Fill out all information requested on all sample envelopes and bags COMPLETELY.
- 2) Return this form to the kit prior to sealing.
- 3) Affix and initial red police evidence seals where indicated on box top.
- 4) Fill out all information requested on kit top under "For Hospital Personnel"
- 5) Give sealed kit and sealed bags to investigating officer.

Note: If officer is not present at this time, place sealed kit and sealed bags in secure and refrigerated area, and hold for pickup by the investigating officer.



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